



DIAPHRAGM - FITTING

DEFINITION	A diaphragm is a female barrier method of contraception. It is a dome-shaped silicone device with a flexible rim which is then filled with spermicide gel and placed at the apex of the vaginal vault. The diaphragm is available by prescription only, in various sizes and styles. Cooper Surgical sells Omniflex Arcing style or wide seal diaphragms to medical providers in size 60-95.
SUBJECTIVE	May include: <ol style="list-style-type: none">1. LMP.2. Medical, sexual, and contraceptive use history update, as appropriate. Must exclude: <ol style="list-style-type: none">1. History of toxic shock syndrome (TSS).2. History of allergy or adverse reaction to spermicide.3. History of delivery within last 6 weeks.
OBJECTIVE	Must include: <ol style="list-style-type: none">1. Pelvic exam.
LABORATORY	No specific laboratory needed.
ASSESSMENT	Candidate for diaphragm.
PLAN	<ol style="list-style-type: none">1. Estimate correct diaphragm size by measuring distance from posterior vaginal vault to the pubic arch. Insert index and middle finger into vagina until the middle finger reaches the posterior vault. With your thumb mark the point where the index finger touches the pubic bone. Place the diaphragm rim on the tip of the middle finger, the opposite rim should lie just in front of your thumb2. Insert the diaphragm into the vagina with the convex side facing the cervix. The diaphragm should rest snugly in the vagina without tension on the vaginal wall. The rim should be in contact with the lateral walls and posterior fornix. There should be space to insert one fingertip comfortably inside the pubic arch and the anterior edge of the diaphragm.3. Choose the largest size that is comfortable for the patient. It will be necessary to try more than one size to ensure a proper fit4. Have patient bear down while diaphragm is in place and choose the largest size that does not dislodge or expel.5. Have client demonstrate ability to properly insert and remove diaphragm.
CLIENT EDUCATION	<ol style="list-style-type: none">1. Provide client education handout(s). Review manufacturer's inserts. Review symptoms, complications, and danger signs.2. Recommend checking diaphragm fit annually, after 10# weight gain or loss, and after pregnancy. Advise client to bring diaphragm to these visits.3. Advise RTC with recurring bladder infections or yeast infections. Refitting with a smaller diaphragm may help if UTI's occur after initiating diaphragm use.4. RTC with recurrent vaginal or vulvar irritation as this may indicate an allergy or sensitivity to the spermicide or diaphragm.5. Review safer sex education, as appropriate.6. Avoid petroleum based lubricants7. Avoid diaphragm use during treatment with anti fungal creams.8. Diaphragm can be placed 6 hours prior to sexual intercourse and must be left in place 6 hours after sexual intercourse. Do not leave in

	<p>longer than 24 hours. (Spermicidal gel is only effective for 6 hours after placement. If the diaphragm is inserted for 6 hours or longer before intercourse, you must use an additional dose of spermicide.)</p> <p>9. If additional acts of sexual intercourse occur add an additional applicator of spermicidal gel to the vagina, do not remove diaphragm to put additional gel in the dome .</p> <p>10. Wash the diaphragm with a plain soap after use. Do not use talcum powder.</p> <p>11. Offer ECP in advance if needed</p> <p>12. Educate regarding s/s of toxic shock syndrome; including sudden high fever, chills, vomiting, muscle aches and sunburn like rash.</p> <p>13. The diaphragm does NOT provide STI protection.</p>
CONSULT / REFER TO PHYSICIAN	S/S of Toxic Shock Syndrome

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References:

1. Hatcher, R. A., Trussell, J. Nelson, A., et al (Editors)(2011). Contraceptive Technology. (20th revised ed.). p.403-406. New York: Ardent Media.